

# RED ROCK HOUNDS YOUTH CAMP

## SESSION 1: July 10-15    SESSION 2: August 6-10

### REGISTRATION FORM

Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_ Session 1 and 2 \_\_\_\_\_

#### PARTICIPANT INFORMATION Please type or print legibly.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:     Female     Male    Age: \_\_\_\_\_

School: \_\_\_\_\_


Grade attended year 2016-2017: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Parent email: \_\_\_\_\_

 Please list ADA Accommodations needed: \_\_\_\_\_  
\_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mother's day phone: (\_\_\_\_) \_\_\_\_\_ Father's day phone: (\_\_\_\_) \_\_\_\_\_

Mother's cell: (\_\_\_\_) \_\_\_\_\_ Father's cell: (\_\_\_\_) \_\_\_\_\_

Person's Authorized to pick up child: \_\_\_\_\_  
(Please provide a copy of their ID)

Other Dismissal Arrangements \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Specify any of your child's health problems: \_\_\_\_\_

Is your child on any medication? No Yes If so, please specify: \_\_\_\_\_

**Lunch:** If you will be sending your child's lunch, please be sure that your child's lunch is clearly marked with your child's name and last name. Refrigerators will be available for your child to store his/her lunch.

**Payments:** Tuition may be paid by cash or by check or credit card.  
Make check payable to: Lynn Lloyd's Red Rock Inc.

#### Camp Fees:

- Full day of camp \$450/week
- Half day of camp 7 and under \$250/week

**Registration fee:** \$200 Deposit by June 1 for full day and \$100 Deposit for 1/2 day by June 1.

**Contact Information:** Angela Murray at 775-969-3243 or [angela@redrockhounds.com](mailto:angela@redrockhounds.com)

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

I understand that the deposit is due by June 1. Balance to be paid in full by June 18 at 8 am. We do not provide make-ups or refunds for any days missed for any reason. Please do your best to come to RRH Youth camp every day.

**DROP OFF AND PICK UP TIMES**

Drop off time:

- 8 AM for full day campers
- 8:30 AM for half day campers

Pick up time:

- 6 PM for full day campers
- 12:30 PM for half day campers

**REQUIRES PARENT'S SIGNATURE:**

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child \_\_\_\_\_ as they may deem advisable.

Parent/Legal guardian name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Allergies \_\_\_\_\_

Student Medical Problems \_\_\_\_\_

Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy number \_\_\_\_\_

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Who is financially responsible for the student? \_\_\_\_\_

I hereby give permission to RRH YOUTH CAMP STAFF to photograph and/or videotape the student for educational or promotional purposes. \_\_\_\_\_ (Initial)

**PARENT STATEMENT**

I hereby state that (camper's name) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **RRH YOUTH CAMP**, including but not limited to all aspects of horseback riding, hiking, swimming, running, and being around dogs. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **RRH YOUTH CAMP, RED ROCK HOUNDS, LYNN LLOYD'S RED ROCK INC., LYNN LLOYD OR ANGELA MURRAY** from liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of **RRH YOUTH CAMP**, including any event sponsored or sanctioned by **RRH YOUTH CAMP**, and or travel to and from such activities.

I understand that **RRH YOUTH CAMP** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **RRH YOUTH CAMP**, or its scheduled program and that **RRH YOUTH CAMP** has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_